

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17439

FILED JUN 13 1946  
Registration District No. 2-25

Primary Registration District No. 2-5 4335

State File No.

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town Tipton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution --  
In this community Life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau  
(c) City or town Tipton  
(If outside city or town limits, write "RURAL")  
(d) Street No. No street numbers  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country Native

3. (a) PRINT FULL NAME Oscar Joseph Dueber

3. (b) If veteran, name war World War #1  
3. (c) Social Security No. 489-16-2087

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife --  
6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased April, 4th, 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	1	3	hr. min.

9. Birthplace Tipton, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Interior Decorator

11. Industry or business Public

12. Name Gustav Dueber

13. Birthplace Durnbach Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Adelia Holschneider

15. Birthplace Kaiserwit Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Olivia Duesber

(b) Address Tipton, Mo.

17. (a) Burial (b) Date thereof 5/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery Tipton, Mo.

18. (a) Signature of funeral director Jamuel E. Richard  
(b) Address Tipton, Mo.

19. (a) May 8, 1946 (b) Mrs. Thaud Hudson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th  
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on May 7th, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work: \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 2

23. Signature Dr. Frank C. Simpson or other DO  
Address Tipton, Mo. Date signed 5/7/46

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

16313

RECEIVED.

District Health Officer No. 9,

District File Number.....

Date Filed - 6-12-46

REC 18 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Jemell - E. Richards*

Licensed Embalmer No. 2466

P. O. Address Lipton, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.